



MAINE DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
RADIATION CONTROL PROGRAM
Radioactive Materials Licensees Information Request Form

NAME:
ORGANIZATION:
ADDRESS:

Information desired:

- | | |
|--|---|
| <input type="checkbox"/> All Materials Licensees | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Medical Broad Scope | <input type="checkbox"/> Medical Limited Scope |
| <input type="checkbox"/> Mobile Nuclear Medicine | <input type="checkbox"/> Teletherapy |
| <input type="checkbox"/> Veterinary | <input type="checkbox"/> Nuclear Pharmacy |
| <input type="checkbox"/> Fixed Gauges | <input type="checkbox"/> Portable Gauges |
| <input type="checkbox"/> Irradiators | <input type="checkbox"/> Manufacturing and Distribution |
| <input type="checkbox"/> Industrial Radiography | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Other | |

Format desired: ☐ Hard copy ☐ 3 ½" Floppy Disk

☐ Word (.doc)

☐ Excel (.xls)

☐ Text (.txt)

☐ HTML

Cost per copy: **\$30.00**

Quantity desired:

Total amount enclosed:

PLEASE make check *payable* to: Treasurer of State and mail to:

Department of Human Services
Division of Health Engineering
Radiation Control Program
11 State House Station
Augusta, ME 04333-0011

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